

NOMINATION CERTIFICATE

| PERSONAL DATA | | |
|--|-------------------------|------------------|
| FIRST NAME: | SURNAME | MIDDLE INITIALS: |
| ADDRESS: | | |
| ID #: DP <input type="checkbox"/> ID <input type="checkbox"/> PP <input type="checkbox"/> PIN <input type="checkbox"/> | CONTACT: | |
| | (C) _____ (EMAIL) _____ | |

| NOMINEE SECTION (SIGNATURE OF APPLICANT MUST BE WITNESSED BY TWO (2) OFFICERS OF THE CREDIT UNION) | |
|--|---------------|
| I HEREBY NOMINATE: | RELATIONSHIP: |
| ADDRESS: | |
| I HEREBY NOMINATE: | RELATIONSHIP: |
| ADDRESS: | |
| I HEREBY NOMINATE: | RELATIONSHIP: |
| ADDRESS: | |
| I HEREBY NOMINATE: | RELATIONSHIP: |
| ADDRESS: | |
| I HEREBY NOMINATE: | RELATIONSHIP: |
| ADDRESS: | |
| <p>To withdraw the benefits which may accrue to me under the Statutory Provisions governing the operations of Financial Co-operatives in Trinidad and Tobago, in the event of my death while a member of RHAND Credit Union.</p> <p>Under the current legislation, a duly named nominee of a deceased member of the Society is entitled to the sum of \$50,000.00 of the unencumbered money due to the death of the said member of the Society. The above sum is to be paid within one (1) year of the member's death.</p> | |

SIGNATURE

DATE

| FOR OFFICIAL USE ONLY | | |
|-----------------------|------------|-----------------------|
| WITNESS: | SIGNATURE: | DATE: (dd/mm/yyyy) |
| WITNESS: | SIGNATURE: | DATE: (dd/mm/yyyy) |